

CHAPTER 3

FREE AND REDUCED APPLICATIONS

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DETERMINING ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS IN THE CHILD NUTRITION PROGRAMS

This chapter discusses the Federal policy regarding the determination of students' eligibility for free and reduced price meals.

F & RP Reimbursement

- To be eligible for benefits, a child must be directly certified or the family must have submitted an application and have been determined eligible.
- The SFA must have a valid application on file for each income and categorically eligible student, and a list of those students directly certified.
- Applications from the prior year are valid for no more than the first 30 operating days of the school year.
- Eligibility determinations are valid for the entire school year.

Complete Application

- Sponsors are required to use household applications. (One application for all students in one household.)
- A complete application must include the following required information:
 - Information to determine income eligibility; OR
 - Information to determine categorical eligibility for Food Stamp/FDPIR/TAFI (FDPIR = Food Distribution Programs on Indian Reservations) (TAFI = Temporary Assistance for Families in Idaho)

Required Information to Determine Income Eligibility

- Names of all household members including the child for whom application is made;
- Social security number of the adult who signs the application;
- Current amount of income for each household member who has an income and the source of income, privatized military housing allowance is excluded from income eligibility; AND
- Signature of an adult household member.

Required Information to Determine Categorical Eligibility

- Name of child, the appropriate Food Stamp case number, TAFI and signature of adult household member OR
- Name of child, FDPIR case number or other FDPIR identifier and signature of an adult household member OR
- List of children who are migrant, homeless, or runaways with signature of liaison authority.
- A true case number is 6-7 digits long. The SFA needs to question any other numbers (Medicaid #, Social Security #, EBT or Quest card #).

Required Information to Directly Certify

- Name of child
- Signature of certifying official
- Date

Application Approval or Denial

- Applications should be processed within 10 working days.
- If there are any inconsistencies or questions concerning the information provided, the household's application must be denied unless the inconsistencies are resolved.

Temporary Approval

- Applications which warrant temporary approval:
 - ❑ Temporary layoffs/disability
 - ❑ Strikes
 - ❑ Temporary receipt of public assistance
 - ❑ Zero income, for whatever reason
- Actions to take with temporary applications:
 - ❑ Keep a file of all temporary applications together
 - ❑ Temporary applications last 45 calendar days
 - ❑ After 45 days, the SFA must seek clarification on the financial status of the family.
 - ❑ To renew temporary applications for another 45 days, the SFA must have documentation of clarification of financial status with the application.
 - ❑ Once updated financial status is obtained, the application must be moved to the correct eligibility category.

Households that Fail to Apply

- Local officials may complete an application for a student known to be eligible if the household fails to apply.
- This application must be based on household size and income information, and the source of this documentation must be noted on the application.
- This option is intended for limited use and may not be used for categories or groups.
- The SFA must send a letter to notify the household that the student(s) have been placed in the free category.

Income Eligibility

- SFA compares household size and income to the Income Eligibility Guidelines (IEGs)
- Special income situations:
 - ❑ Seasonal Workers and Others: households may use a projection of earnings.
 - ❑ Self-Employed: may use last year's income to project their current year's income.
 - ❑ Combination of wages and self-employment: each amount must be listed separately.

Foster Children

- Each foster child is considered a household of one (1) and needs his/her own application.
- The foster child's personal use income must be on the application.
- The SFA will compare the foster child's personal use income to the Income Eligibility Guidelines to determine eligibility.

Reauthorization Changes Affecting the Free and Reduced Price Certification Process

These Reauthorization changes are:

- Sponsors are required to use household applications beginning in school year 2005-2006.
- Households must be informed on the free and reduced price application that Women, Infant and Children (WIC) participants may be eligible for free or reduced price meals.
- Homeless, migrant and runaway youth are categorically eligible for free meals.
- Privatized military housing allowance is excluded from income eligibility determinations.
- Sponsors must have a no-charge telephone number for verification inquiries from households.
- Eligibility determinations are valid for the entire school year.

For more information on Free and Reduced Applications, refer to the Eligibility Guidance for School Meals Manual. The manual can be found on the CNP home page under Resources and then click "Regulations".

Public Release

- The Public must be notified that NSLP, SBP and/or SMP are available in the school district.
- Must include the eligibility criteria for Free and Reduced price meals and/or free milk.
- Must be provided to local news media, the employment office and any major employees who are contemplating large lay offs in the area.

MEAL COUNTING AND CLAIMING

Process Overview

Dissemination of Meal Applications to All Students
(RCCI's are exempt from this requirement for residential students)



Thirty (30) operating days carryover of previous year's eligibility must be implemented



Collection of Applications and Direct Certification Forms and
Determination of Eligibility



Transfer of Eligibility Determinations to Benefit Issuance Document



Daily Recording of Meal Counts by Category



Consolidation of Meal Counts into Reimbursement Claim



Reimbursement Submitted on CNP 2000

Refer to: www.sde.idaho.gov/ (NSLP/NSLP Links/free&reduced guidance)

PUBLIC RELEASE FOR FREE AND REDUCED PRICE MEALS
 (Make appropriate changes as applicable to reflect the programs operated.)

*This is the public release that was sent to **(Names of news media outlets and major employers contemplating layoffs)** on _____ **(date)**.*

(Local school [district]) today announced its policy for free and reduced price meals for children unable to pay the full price for meals served under the **(insert National School Lunch Program and/or School Breakfast Program)**. Each school and the office of the **(central office)** has a copy of the policy, which may be reviewed by any interested party.

The following household size and income criteria will be used in determining eligibility. Children from households whose income is at or below the levels shown are eligible for free or reduced price meals.

INCOME ELIGIBILITY GUIDELINES
 Effective FROM July 1, 2008 to June 30, 2009

| FREE | | | Household Size | REDUCED | | |
|-------------|---------|--------|--|----------------|---------|--------|
| Annual | Monthly | Weekly | | Annual | Monthly | Weekly |
| 13,520 | 1,127 | 260 | 1 | 19,240 | 1,604 | 370 |
| 18,200 | 1,517 | 350 | 2 | 25,900 | 2,159 | 499 |
| 22,880 | 1,907 | 440 | 3 | 32,560 | 2,714 | 627 |
| 27,560 | 2,297 | 530 | 4 | 39,220 | 3,269 | 755 |
| 32,240 | 2,687 | 620 | 5 | 45,880 | 3,824 | 883 |
| 36,920 | 3,077 | 710 | 6 | 52,540 | 4,379 | 1,011 |
| 41,600 | 3,467 | 800 | 7 | 59,200 | 4,934 | 1,139 |
| 46,280 | 3,857 | 890 | 8 | 65,860 | 5,489 | 1,267 |
| +4,680 | +390 | +90 | For each additional family member add: | +6,660 | +555 | +129 |

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced price meals, households should fill out the application and return it to the school. Additional copies are available from the principal's office in each school. The information provided on the application will be used for the purpose of determining eligibility and may be verified at any time during the school year by school or other program officials.

For school officials to determine eligibility, households receiving **food stamps, Temporary Assistance for Families in Idaho (TAFI), or Food Distribution Program on Indian Reservations (FDPIR)** must list the child's name, their food stamp, FDPIR, or TAFI case number and the signature and name of an adult household member. Households not receiving food stamps, FDPIR, or TAFI must list: Names of all household members, the name and Social Security number of the primary wage earner or the household member who signs the application or indication that they do not have a Social Security number, and the entire household income with the amount and source of the income received by each household member. The signature of the adult household member who signs the application certifies that the information provided is correct.

Applications may be submitted at any time during the year.

Under the provisions of free and reduced price policy **(title of determining official[s])** will review the applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the official(s) may wish to discuss the decision with the determining official(s) on an informal basis. Parents wishing to make a formal appeal may make a request either orally or in writing to **(Name, address, and telephone number of the hearing official)** for a hearing on the decision.

In certain cases, foster children are also eligible for school meal benefits. If a household wants to apply for benefits for foster children living with them, the household should contact the school for more information.

The information provided by the household is confidential and will be used only for the purposes of determining eligibility for federal benefits and verifying data.

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”

**LETTER TO HOUSEHOLDS – FREE & REDUCED
NATIONAL SCHOOL LUNCH PROGRAM/SCHOOL BREAKFAST PROGRAM**

Dear Parent/Guardian:

The _____ school serves meals each school day. Children may buy lunch for _____ and breakfast for _____. Families submitting an approved application can receive meals free or at a reduced price. The School Breakfast Program (SBP) is a federally assisted meal program. It provides nutritionally balanced, low-cost or free breakfasts to 7.4 million children each school day throughout the country. The program was established under the Child Nutrition Act of 1966 to ensure that all children have access to a healthy breakfast at school to promote learning readiness and healthy eating behaviors.

If you now receive food stamps, TAFI, or FDPIR for your child, your child can receive free meals. If your total household income is the same or less than the amounts on the Income Chart below, your child can receive free meals or reduced price meals. A foster child may receive free or reduced price meals regardless of your income. The reduced price is _____ for lunch and _____ for breakfast. If your child has a disability requiring food substitution, please request the form "Medical Statement to Request Special Meals and/or Accommodations" from the School Lunch manager for your doctor to complete.

TO RECEIVE FREE OR REDUCED PRICE MEALS FOR YOUR CHILD, YOU MUST COMPLETE AN APPLICATION AND RETURN IT TO THE SCHOOL. WE CANNOT APPROVE AN APPLICATION THAT IS NOT COMPLETE.

HOW TO APPLY

If you now receive food stamps, TAFI*, or FDPIR* for the child you are applying for, the application must have the child's name, a food stamp, TAFI, or FDPIR case number for each child, and the signature of an adult household member. If you are applying for a foster child, the application must have the child's name, the child's "personal use" income, (such as for clothing, school fees, and allowances; and all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs) and an adult signature. If you do not list a food stamp, TAFI, or FDPIR case number for the child you are applying for, then the application must have the child's name, the names of all household members, the amount of income each person received last month and where it came from, the signature of an adult household member and that adult's social security number or indicate that the adult does not have a social security number. If the adult does not have a social security number, check the box.

| INCOME CHART | | | |
|--|---------------|----------------|---------------|
| Effective July 1, 2008 to June 30, 2009 | | | |
| Household Size | Annual | Monthly | Weekly |
| 1 | 19,240 | 1,604 | 370 |
| 2 | 25,900 | 2,159 | 499 |
| 3 | 32,560 | 2,714 | 627 |
| 4 | 39,220 | 3,269 | 755 |
| 5 | 45,880 | 3,824 | 883 |
| 6 | 52,540 | 4,379 | 1,011 |
| 7 | 59,200 | 4,934 | 1,139 |
| 8 | 65,860 | 5,489 | 1,267 |
| For each additional member add | +6,660 | +555 | +129 |

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Name _____ Phone _____

Address _____

*TAFI - Temporary Assistance for Families in Idaho. FDPIR - Food Distribution Program on Indian Reservations

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA Child Nutrition Meals.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps, TAFI, or FDPIR for your child, complete an application then.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

We will let you know when your application is approved or denied.

Sincerely,

APPLICATION INSTRUCTIONS FOR FREE AND REDUCED MEALS

To apply for free and reduced price meals, complete the application using the instructions for your household. Sign the application and return it to the school. Call the school if you need help: #

PART 1 - STUDENT INFORMATION: All Households complete this part.

- (1) Print the name(s) of the child(ren) you are applying for and list the children's grade and school.

PART 2 - HOUSEHOLDS ON FOOD STAMPS, FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR), OR TEMPORARY ASSISTANCE FOR FAMILIES IN IDAHO (TAFI):

Complete PART 1 and PART 5 only.

- (1) Print the name of the children you are applying for and list a current food stamp, FDPIR, or TAFI case number for each child. An EBT or Quest card number is not allowed.
- (2) An adult household member must sign in PART 5. A social security number is not required.

SKIP PART 4.

PART 3 - HOUSEHOLDS WITH A FOSTER CHILD: Complete this part and PART 5 - A foster child is the legal responsibility of a welfare agency or court.

- (1) List the foster child's monthly "personal use" income. Write "0" if the foster child does not get "personal use" income. **SKIP PART 4** - Do not list any other children, household members or income.
- (2) **A foster parent or other official representing the child must sign the application in PART 5. A social security number is not required for foster parents.**

"Personal use" income is (a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and (b) all other money the child gets, such as money from his/her family and money from the child's full-time or regular part-time jobs.

PART 4 - ALL OTHER HOUSEHOLDS: Complete this part and PART 5.

- (1) Write the names of everyone in your household not listed in PART 1. Include yourself, all other children and children with income, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) Write the amount of income each household member got last month, before taxes or anything else is taken out, and where it came from, such as earnings, welfare, pensions, and other income. If any amount last month was more or less than usual, write that person's usual monthly income. If anyone listed in this section had no income, check the "No Income box."
- (3) An adult household member must sign the application and give his/her social security number in PART 5.

PART 5 - SIGNATURE AND SOCIAL SECURITY NUMBER: All households complete this part:

- (1) All applications must have the signature of an adult household member;
- (2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, place a checkmark in the box to indicate that the adult does not have a social security number. If you listed a food stamp, FDPIR, or TAFI number for your child or if you are applying for a foster child, a social security number is not needed.

PART 6 - RACIAL/ETHNIC IDENTITY: Complete the racial/ethnic identify question if you wish. You are not required to answer this question to get free or reduced price meals. We need this information to make sure that everyone is treated fairly.

| Earnings From Work | INCOME TO REPORT | Other Income |
|---|---------------------------------|--|
| Wages/salaries/tips | Pensions/Social Security | |
| Strike benefits | Pensions | Disability benefits |
| Worker's compensation | Supplemental Security Income | Cash withdrawn from savings |
| Unemployment Compensation | Retirement Income | Interest Dividends |
| Net income from self-owned business or farm | Veteran's payments | Income from estates/trusts/ investments |
| | Social Security | Regular contributions from persons not living in the household |
| Welfare/Child Support/Alimony | | Net royalties/annuities/net rental income |
| Public assistance payments | | Any other income |
| Welfare payments | | |
| Alimony/child support payments | | |

FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS ONE APPLICATION PER HOUSEHOLD

IF YOU RETURN A DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPIR TO YOUR CHILD'S SCHOOL YOU DO NOT NEED TO FILL OUT THIS FORM.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. Please call the following number if you need help: _____

1 STUDENT INFORMATION – Please print.

2 List the case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not allowed.

| STUDENTS NAME | GRADE | NAME OF SCHOOL | FOOD STAMP CASE NO. IF APPLICABLE | TAFI/FDPIR CASE NO. IF APPLICABLE |
|---------------|-------|----------------|--------------------------------------|--------------------------------------|
| 1 _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ |
| 6 _____ | _____ | _____ | _____ | _____ |

3 FOSTER CHILD: Check box if applying for a foster child. Complete a separate application for each foster child. List the child's monthly personal use income. Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4 HOUSEHOLD MEMBERS AND INCOME: List all members not listed above. If you listed a food stamp, TAFI, or FDPIR number for each child, skip to Part 5.

| List the names of everyone in your household and gross income they receive except for children listed above (unless they have income). If household member listed below has no income, you must check the NO INCOME box. | Earnings from Work Before Deductions | | Welfare, Child Support, Alimony Received | | Pensions, Retirement, Social Security | | All Other Income | |
|--|--------------------------------------|------------|--|------------|---------------------------------------|------------|------------------|------------|
| | How much? | How often? | How much? | How often? | How much? | How often? | How much? | How often? |
| NO INCOME <input type="checkbox"/> | | | | | | | | |
| 1 | <input type="checkbox"/> | | | | | | | |
| 2 | <input type="checkbox"/> | | | | | | | |
| 3 | <input type="checkbox"/> | | | | | | | |
| 4 | <input type="checkbox"/> | | | | | | | |

5 SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in Box #5.

CHECK HERE: If children listed on the application are new to this school or did not receive free and reduced meals last year.

SOCIAL SECURITY NUMBER*

- -

I do not have a Social Security Number

X _____
Signature of Adult Household Member

Printed Name of Above Signature _____

Home Phone No. _____ Work Phone No. _____

Street/Apt. Number _____

P. O. Box No. _____

City _____ State _____ Zip _____

Date Signed _____

6 RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

***PRIVACY ACT STATEMENT:** This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12

- FOOD STAMP/TAFI/FDPIR HOUSEHOLD
- INCOME HOUSEHOLD: Total household income: \$ _____ How often _____
Household size: _____

DENIED:

- Income Over Allowed Amount
- Incomplete/Missing Other

TEMPORARY APPROVAL FOR:

- Free Meals, expires _____
- Reduced-Price Meals, expires _____

APPROVED FOR:

- Free Meals
- Reduced-Price Meals
- WITHDRAWAL DATE _____

VERIFICATION RESULTS:

- No Change Free to Reduced Reduced to Free
- Ineligible (Reason) _____

Signature of Confirming Official _____

Signature of Determining Official: X _____

Signature of Verifying Official: X _____

Date _____

Date Signed: _____

Date Notice Sent: _____

Date 1st Notification Sent: _____

Date 2nd Notification Sent: _____

CHIP FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS

You must fill out a new application each school year.

ONE APPLICATION PER HOUSEHOLD

IF YOU RETURN A DIRECT CERTIFICATION LETTER FOR FOOD STAMPS, TAFI, OR FDPIR TO YOUR CHILD'S SCHOOL, YOU DO NOT NEED TO FILL OUT THIS APPLICATION.

To apply for free and reduced price meals, complete this application, sign your name and return the application to the school. WIC participants may be eligible for free or reduced price meals. Please call the following number if you need any help:

| 1. STUDENT INFORMATION – Please Print | | | 2. List the FOOD STAMP, TAFI, or FDPIR case number for each child, if any. Skip Parts 3 & 4 and complete Part 5. EBT or QUEST card # not acceptable. | |
|--|-------|----------------|---|--------------------------------------|
| STUDENTS NAME | GRADE | NAME OF SCHOOL | FOOD STAMP CASE NO. IF APPLICABLE | TAFI/FDPIR CASE NO. IF APPLICABLE |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

3. FOSTER CHILD: Check box if applying for a foster child. **Complete a separate application for each foster child. List the child's monthly personal use income.** Write "0" if the child has no personal use income. Skip Part 4 and complete Part 5. A social security number is not required for foster parents. \$ _____

4. HOUSEHOLD MEMBERS AND INCOME: List the names of everyone in your household and gross income they receive except children listed above (unless income earned.) If household member listed below has no income, you must check the NO INCOME box.

| NAME | NO INCOME | Earnings from Work Before Deductions | | Welfare, Child Support, Alimony Received | | Pensions, Retirement, Social Security | | All Other Income | |
|------|--------------------------|--------------------------------------|------------|--|------------|---------------------------------------|------------|------------------|------------|
| | | How Much? | How Often? | How Much? | How Often? | How Much? | How Often? | How Much? | How Often? |
| 1 | <input type="checkbox"/> | | | | | | | | |
| 2 | <input type="checkbox"/> | | | | | | | | |
| 3 | <input type="checkbox"/> | | | | | | | | |
| 4 | <input type="checkbox"/> | | | | | | | | |

5. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. If on Food Stamps or TAFI, a Social Security number is not required. Just sign in this box.

X _____
Signature of Adult Household Member

-- --
Social Security Number

Printed Name of Above Signature

I do not have a Social Security number.

Mailing Address

Home Phone No. _____ Work Phone No. _____

City _____ State _____ Zip _____

Date Signed

6. RACE/ETHNIC IDENTITY - OPTIONAL

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

7. OTHER BENEFITS – You do not have to complete this section to get free or reduced-priced school meals.

STOP and check here (_____) if your child(ren) or youth are uninsured and you want to learn more about the state children's health insurance program (CHIP). Healthy children and youth learn better!

There is a state children's health insurance (CHIP) – for children/youth up to 19 years old – that offers free or low cost health coverage. Working families may be eligible for this program depending on their monthly income. If you check the above box, Idaho 2-1-1 Careline will send you information and an application for CHIP.

Dear Parent/Guardian:

Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. If you need help please call:

| INCOME CHART | | | |
|---|--------|---------|--------|
| Effective July 1, 2008 to June 30, 2009 | | | |
| Household Size | Annual | Monthly | Weekly |
| 1 | 19,240 | 1,604 | 370 |
| 2 | 25,900 | 2,159 | 499 |
| 3 | 32,560 | 2,714 | 627 |
| 4 | 39,220 | 3,269 | 755 |
| 5 | 45,880 | 3,824 | 883 |
| 6 | 52,540 | 4,379 | 1,011 |
| 7 | 59,200 | 4,934 | 1,139 |
| 8 | 65,860 | 5,489 | 1,267 |
| For each additional member add | +6,660 | +555 | +129 |

Instructions: Sections #6 Race and # 7 CHIP insurance are optional.

STUDENTS WHO ARE FOSTER CHILDREN MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school (each Foster child needs a separate application)
- #3 – Child's personal income
- #5 – Adult signature, printed name, date, address and phone number

STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #2 – Case number for each child (EBT or quest card # not allowed)
- #5 – Adult signature, printed name, date, address and phone number

ALL OTHER STUDENTS MUST COMPLETE SECTIONS:

- #1 – Child's name, grade and school
- #4 – All household members and gross income by person
- #5 – Adult signature, printed name, date, address and phone number and social security number of adult signer

PLEASE NOTE:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla espanol.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

USDA is an equal opportunity provider and employer.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

| | | | |
|---|--|--|--|
| ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____ | | DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other | |
| TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____ | | APPLICATION APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals _____ WITHDRAWAL DATE | |
| VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) Signature of confirming Official _____ | | Signature of Verifying Official: X _____ Date _____ | |
| Signature of Determining Official: X _____ | | Signature of Verifying Official: X _____ Date _____ | |
| Date Signed: _____ Date Notice Sent: _____ | | Date 1st Notification Sent: _____ Date 2 nd Notification Sent: _____ | |

MODIFIED FY 2008-09 APPLICATION FOR FREE AND REDUCED-PRICE SCHOOL MEALS
You must fill out a new application each school year
ONE APPLICATION PER HOUSEHOLD

Dear Parent/Guardian:
 Your School District participates in the National School Lunch Program/School Breakfast Program. If your gross income is the same or less than the amount listed in the chart below, complete this application and return it to your child's school. We cannot approve an application that is not complete. WIC participants may be eligible for free or reduced price meals. Please call the following number if you need help:

| INCOME CHART | | | |
|---|--------|---------|--------|
| Effective July 1, 2008 to June 30, 2009 | | | |
| Household Size | Annual | Monthly | Weekly |
| 1 | 19,240 | 1,604 | 370 |
| 2 | 25,900 | 2,159 | 499 |
| 3 | 32,560 | 2,714 | 627 |
| 4 | 39,220 | 3,269 | 755 |
| 5 | 45,880 | 3,824 | 883 |
| 6 | 52,540 | 4,379 | 1,011 |
| 7 | 59,200 | 4,934 | 1,139 |
| 8 | 65,860 | 5,489 | 1,267 |
| For each additional member add | +6,660 | +555 | +129 |

INSTRUCTIONS: In addition to completing the adult signature, date, address and phone number, please complete the section below that applies to your household.

- STUDENTS WHO ARE FOSTER CHILDREN**
 - Child's name (each Foster Child needs a separate application)
 - Child's personal income
- STUDENTS WITH FOOD STAMP/TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS**
 - Name/Names of children who receive benefits
 - CASE number for each child (EBT or quest card # not allowed)
- ALL OTHER STUDENTS**
 - All household members
 - Gross income by person
 - Social Security Number of adult signer

I certify that all of the information provided is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.
 CHECK HERE: If children listed on the application are new to this school or did not receive free and reduced meals last year.

| | | |
|--|---|----------------------|
| Signature of Adult Household Member or Foster Parent _____ | Printed Name of Adult Household Member or Foster Parent _____ | Date Signed _____ |
| Street/Apt. Number _____ | P. O. Box No. _____ | |
| City _____ State _____ Zip Code _____ | Home Phone No. _____ | Work Phone No. _____ |

| 1. FOSTER CHILD | GRADE | SCHOOL | CHILD'S PERSONAL INCOME |
|-----------------|-------|--------|-------------------------|
| | | | |

| 2. STUDENTS WITH FOOD STAMP, TEMPORARY ASSISTANCE TO FAMILIES IN IDAHO OR FDPIR CASE NUMBERS | GRADE | NAME OF SCHOOL | List the FOOD STAMP, TAFI, or FDPIR case number for each child |
|--|-------|----------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

| 3. List the names of everyone in your household and gross income they receive except children listed above (unless income earned.) If household member listed below has no income, you must check the NO INCOME box. | Students Only | Students Only | Earnings from Work Before Deductions | | Welfare, Child Support, Alimony Received | | Pensions, Retirement, Social Security | | ALL OTHER INCOME | |
|--|--------------------------|---------------|--------------------------------------|------------|--|------------|---------------------------------------|------------|------------------|------------|
| | | | How Much? | How Often? | How Much? | How Often? | How Much? | How Often? | How Much? | How Often? |
| NAME | NO INCOME | GRADE | NAME OF SCHOOL | | | | | | | |
| 1 | <input type="checkbox"/> | | | | | | | | | |
| 2 | <input type="checkbox"/> | | | | | | | | | |
| 3 | <input type="checkbox"/> | | | | | | | | | |
| 4 | <input type="checkbox"/> | | | | | | | | | |
| 5 | <input type="checkbox"/> | | | | | | | | | |
| 6 | <input type="checkbox"/> | | | | | | | | | |

Total number of household members – Attach a sheet of paper listing other household members if needed.

SOCIAL SECURITY NUMBER OF ADULT HOUSEHOLD MEMBER WHO IS SIGNING THIS APPLICATION

____ - ____ - ____ I do not have a Social Security Number

RACE/ETHNIC IDENTITY-OPTIONAL

Mark one or more racial identities:

- ASIAN
- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- OTHER

Mark one ethnic identity:

- HISPANIC OR LATINO
- NON HISPANIC OR LATINO

PLEASE NOTE:

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your children should receive free or reduced price meals.

Fair Hearing: You may talk to school officials if you do not agree with the school's decision on your application or the results of verification. You also may ask for a fair hearing. You may do this by calling or writing:

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps or TAFI for your children, complete an application then.

Confidentiality: This application could be used for Federal and State initiated education programs along with USDA child nutrition meals.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program review, and law enforcement officials to help them look into violations of program rules.

To find out more about programs in your community, contact the 2-1-1 Idaho CareLine by dialing 211 or 1-800-926-2588. Se habla español.

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USDA is an equal opportunity provider and employer.

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

| | | | |
|---|--|--|-------------------|
| ANNUAL INCOME CONVERSION: Weekly X 52, Every 2 Weeks X 26, Twice a Month X 24, Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____ | | DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other | |
| TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____ | APPLICATION APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> _____ WITHDRAWAL DATE _____ | VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) _____ Signature of confirming Official _____ | |
| Signature of Determining Official: X | | Signature of Verifying Official: X | |
| Signature of Determining Official: X | | Signature of Determining Official: X | |
| Date Signed: | Date Notice Sent: | Date Signed: | Date Notice Sent: |



FREE AND REDUCED PRICE SCHOOL MEALS APPLICATION

SCHOOL YEAR _____ - _____

INSTRUCTIONS FOR SCHOOL DISTRICTS

This packet contains:

Required information that *must* be provided to households:

- Letter to Households
- Free and Reduced Price School Meals Application

Optional application-related materials that *may* be provided to households:

- Sharing Information With Medicaid/SCHIP
- Sharing Information With Other Programs

The pages are designed to be printed on 8½” by 11” paper. Some pages may be printed front and back. You will need to identify the benefits that are offered in your school, such as afterschool snacks. **[Bold bracketed fields]** indicate where you need to insert school district specific information. For example, you must include your district’s no-charge telephone number for verification assistance on the verification materials. If these materials have not been modified to include your State’s name for Temporary Assistance for Families in Idaho (TAFI), State Children’s Health Insurance Program (SCHIP), or, if applicable, to add Food Distribution Program on Indian Reservations (FDPIR), you should insert this information as appropriate. If you make additional changes, you must submit your application package to your State agency for approval.

This prototype application package includes information regarding the exclusion of housing allowance for those in the Military Housing Privatization Initiative. If this is not pertinent to your school district, please modify as appropriate.

If you have questions, contact:

[State agency address]

[Insert School District Letterhead]

Dear Parent/Guardian:

Children need healthy meals to learn. **[Name of School]** offers healthy meals every school day. Breakfast costs **[\$]**; lunch costs **[\$]**. Your children may qualify for free meals or for reduced price meals. Reduced price is **[\$]** for breakfast and **[\$]** for lunch.

1. Do I need to fill out an application for each child? No. Complete the application to apply for free or reduced price meals. Use one Free and Reduced Price School Meals Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. **Return the completed application to: [name, address, phone number].**

2. Who can get free meals? Children in households getting Food Stamps or TAFI and most **foster children** can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.

3. Can homeless, runaway and migrant children get free meals? Please call **[school, homeless liaison or migrant coordinator]** to see if your child(ren) qualify, if you have not been informed that they will get free meals.

4. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.

5. Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals? Please read the letter you got carefully and follow the instructions. Call the school at **[phone number]** if you have questions.

6. I get WIC. Can my child(ren) get free meals? Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.

7. Will the information I give be checked? Yes, we may ask you to send written proof.

8. If I don't qualify now, may I apply later? Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, TAFI or other benefits. If you lose your job, your children may be able to get free or reduced price meals.

9. What if I disagree with the school's decision about my application? You should talk to school officials. You also may ask for a hearing by calling or writing to: **[name, address, phone number].**

10. May I apply if someone in my household is not a U.S. citizen? Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.

11. Who should I include as members of my household? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children who live with you.

12. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.

13. We are in the military, do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

If you have other questions or need help, call **[phone number].**

Si necesita ayuda, por favor llame al teléfono: **[phone number].**

Si vous voudriez d'aide, contactez nous au numero: **[phone number].**

Sincerely,
[signature]

April 2008

Free and Reduced Price School Meals Application
Letter to Households
Page 1 of 2

INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TAFI, follow these instructions:

- Part 1: List child(ren)'s name, school, grade, and a Food Stamp or TAFI case number.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

**Check the appropriate box and contact [your school, homeless liaison, migrant coordinator].
Fill out application by following instructions for ALL OTHER HOUSEHOLDS.**

If you are applying for a FOSTER CHILD, follow these instructions:

- Part 1: Use a separate application for each foster child. List the child's name, school, and grade.
- Part 2: Skip this part.
- Part 3: Check the box and list the child's personal use monthly income, if any.
- Part 4: Skip this part.
- Part 5: Sign the form. A Social Security Number is not necessary.
- Part 6: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each child's name, school, and grade.
- Part 2: Check the appropriate box, if any.
- Part 3: Skip this part.
- Part 4: Follow these instructions to report total household income from last month.
 - Column 1–Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
 - Column 2 –Gross income last month and how often it was received. Next to each person's name list each type of income received last month, and how often it was received. For example, Earnings from work: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly). All other income: List the amount each person got last month from welfare, child support, alimony, (second column) pensions, retirement, Social Security (third column), and ALL OTHER INCOME SOURCES (fourth column). In the All Other column, include Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
 - Column 3–Check if no income: If the person does not have any income, check the box.
- Part 5: An adult household member must sign the form and list his or her Social Security Number, or mark the box if he or she doesn't have one.
- Part 6: Answer this question if you choose to.

FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

| Part 1. Children in School (Use a separate application for each foster child) | | | |
|--|-------------|-------|--|
| Names of all children in school (First, Middle Initial, Last) | School Name | Grade | Food Stamp or TAFI case # (if any). Skip to Part 5 if you list a Food Stamp or TAFI case # |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #] Homeless Migrant Runaway

Part 3. Foster Child
 If this application is for a child who is the legal responsibility of a welfare agency or court, check this box and then list the amount of the child's personal use monthly income: \$ _____. Skip to Part 5.

Part 4. Total Household Gross Income—You must tell us how much and how often

| 1. Name (List everyone in household) | 2. Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly | | | | 3. Check if NO Income |
|--------------------------------------|---|---------------------------------|---------------------------------------|------------------|--------------------------|
| | Earnings from work before deductions | Welfare, child support, alimony | Pensions, retirement, Social Security | All Other Income | |
| (Example) Jane Smith | \$200/weekly _____ | \$150/weekly _____ | \$100/monthly _____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |

Part 5. Signature and Social Security Number (Adult must sign)
 An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)
 I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.
 Sign here: X _____ Print name: _____ Date: _____
 Address: _____ Phone Number: _____
 Social Security Number: _____ - _____ - _____ I do not have a Social Security Number

Part 6. Children's racial and ethnic identities (optional)

| | |
|---|---|
| Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other | Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
|---|---|

DO NOT WRITE IN BOX BELOW - FOR SCHOOL USE ONLY

| | |
|---|---|
| ANNUAL INCOME CONVERSION: Weekly X 52. Every 2 Weeks X 26. Twice a Month X 24. Monthly X 12 <input type="checkbox"/> FOOD STAMP/TAFI/FDPIR HOUSEHOLD <input type="checkbox"/> INCOME HOUSEHOLD: Total household income: \$ _____ How often _____ Household size: _____ | DENIED: <input type="checkbox"/> Income Over Allowed Amount <input type="checkbox"/> Incomplete/Missing <input type="checkbox"/> Other |
|---|---|

| | | |
|---|--|--|
| TEMPORARY APPROVAL FOR: <input type="checkbox"/> Free Meals, expires _____ <input type="checkbox"/> Reduced-Price Meals, expires _____ | APPROVED FOR: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced-Price Meals <input type="checkbox"/> _____ WITHDRAWAL DATE | VERIFICATION RESULTS: <input type="checkbox"/> No Change <input type="checkbox"/> Free to Reduced <input type="checkbox"/> Reduced to Free <input type="checkbox"/> Ineligible (Reason) Signature of Confirming Official _____ |
|---|--|--|

| | |
|---|---|
| Signature of Determining Official: X | Signature of Verifying Official: X |
|---|---|

| | | |
|--------------|--------------|---|
| Date Signed: | Date Signed: | Date 1 st Notification Sent: |
|--------------|--------------|---|

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| FEDERAL INCOME CHART | | | |
|--|--------|---------|--------|
| For School Year <u>July 1, 2008 to June 30, 2009</u> | | | |
| Household size | Yearly | Monthly | Weekly |
| 1 | 19,240 | 1,604 | 370 |
| 2 | 25,900 | 2,159 | 499 |
| 3 | 32,560 | 2,714 | 627 |
| 4 | 39,220 | 3,269 | 755 |
| 5 | 45,880 | 3,824 | 883 |
| 6 | 52,540 | 4,379 | 1,011 |
| 7 | 59,200 | 4,934 | 1,139 |
| 8 | 65,860 | 5,489 | 1,267 |
| Each additional person: | +6,660 | +555 | +129 |

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp Program, Temporary Assistance for Families in Idaho (TAFI) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

SHARING INFORMATION WITH IDAHO MEDICAID (OPTIONAL)

Dear Parent/Guardian:

If your children get free or reduced price school meals, they may also be able to get free or low-cost health insurance through Idaho Medicaid. Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

Because health insurance is so important to children's well-being, **the law allows us to tell Idaho Medicaid that your children are eligible for free or reduced price meals, unless you tell us not to.** Idaho Medicaid only uses the information to identify children who may be eligible for health insurance programs. Program officials may contact you to offer to enroll your children (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health insurance).

If you do not want us to share your information with Idaho Medicaid, fill out the form below and send in (Sending in this form will not change whether your children get free or reduced price meals).

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with Idaho Medicaid in order to enroll my children in health insurance.

If you checked no, fill out the form below.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Address: _____

For more information, dial 2-1-1 or 1-800-926-2588 to talk with an Idaho CareLine specialist.

SHARING INFORMATION WITH OTHER PROGRAMS (OPTIONAL)

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

No! I DO NOT want information from my Free and Reduced Price School Meals Application shared with any of these programs.

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

Yes! I DO want school officials to share information from my Free and Reduced Price School Meals Application with [name of program specific to your school].

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____

Return this form to: _____ by _____

NOTICE OF APPROVAL/DENIAL

Child(ren)'s Name (s): _____

School _____ Grade _____ Date _____

Dear _____:

Your application for free and reduced price meals for your child(ren) has been:

_____ Approved for free meals.

_____ Approved for reduced price meals at _____ cents for lunch and _____ cents for breakfast.

_____ Approved for free milk.

_____ Temporarily approved for _____ meals until _____.

_____ Denied for the following reasons:

_____ Income over the allowable amount.

_____ Incomplete application. Complete the following information:

If you do not agree with this decision, you may discuss it with me. You also have a right to a fair hearing.

To request a fair hearing, call or write the following fair hearing official:

Name and Title _____

Address: _____

Telephone _____

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child should receive free or reduced price meals.

Confidentiality: School officials use the information on the application only to decide if your child should receive free or reduced price meals, or benefits under other federal and state education programs.

Reapplication: You may apply for meals anytime during the school year. If you are not eligible now but have a change, like a decrease in household income, an increase in household size, become unemployed or receive food stamps, TAFI, or FDPIR for your child, complete an application then.

To find out more about other programs in your community, contact the 2-1-1 Idaho Careline by dialing 211 or 1-800-926-2588. Se habla español.

Sincerely,

Name and Title _____

Address: _____

Telephone _____

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

**NATIONAL SCHOOL LUNCH PROGRAM
INCOME ELIGIBILITY GUIDELINES
Effective FROM July 1, 2008 to June 30, 2009**

| FREE | | | | | REDUCED | | | | | |
|--------|---------|-----------------|-----------------|--------|--|--------|---------|-----------------|-----------------|--------|
| ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY | HOUSEHOLD SIZE | ANNUAL | MONTHLY | TWICE PER MONTH | EVERY TWO WEEKS | WEEKLY |
| 13,520 | 1,127 | 564 | 520 | 260 | 1 | 19,240 | 1,604 | 802 | 740 | 370 |
| 18,200 | 1,517 | 759 | 700 | 350 | 2 | 25,900 | 2,159 | 1,080 | 997 | 499 |
| 22,880 | 1,907 | 954 | 880 | 440 | 3 | 32,560 | 2,714 | 1,357 | 1,253 | 627 |
| 27,560 | 2,297 | 1,149 | 1,060 | 530 | 4 | 39,220 | 3,269 | 1,635 | 1,509 | 755 |
| 32,240 | 2,687 | 1,344 | 1,240 | 620 | 5 | 45,880 | 3,824 | 1,912 | 1,765 | 883 |
| 36,920 | 3,077 | 1,539 | 1,420 | 710 | 6 | 52,540 | 4,379 | 2,190 | 2,021 | 1,011 |
| 41,600 | 3,467 | 1,734 | 1,600 | 800 | 7 | 59,200 | 4,934 | 2,467 | 2,277 | 1,139 |
| 46,280 | 3,857 | 1,929 | 1,780 | 890 | 8 | 65,860 | 5,489 | 2,745 | 2,534 | 1,267 |
| +4,680 | +390 | +195 | +180 | +90 | For each additional family member add: | +6,660 | +555 | +278 | +257 | +129 |

- A. All applications qualified by income must have:
1. All household members listed.
 2. Income by household member and source.
 3. The Social Security Number of the primary wage earner or adult who signs the application or box checked if they do have a Social Security No.
 4. An adult household member's signature.
- B. All applications qualified by Food Stamp, Temporary Assistance for Families in Idaho (TAFI), or Federal Distribution Program for Indian Reservations (FDPIR) number must have:
1. Name of the child receiving benefits and a correct benefit number; and
 2. An adult household member's signature.

INCOME COMPUTATION

Multiply:

- Weekly** income by 52
- Every two weeks** income by 52
- Twice monthly** income by 26
- Monthly** income by 12

DISCLOSURE OF FREE AND REDUCED PRICE INFORMATION AGREEMENT

I. PURPOSE AND SCOPE

(Insert name of determining agency) and (insert name of receiving agency) acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et. seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. seq.) and the regulations implementing those Acts is confidential information. This Agreement is intended to ensure that any information disclosed by the (insert name of determining agency) to the (insert name of receiving agency) about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this Agreement and that the (insert name of determining agency) and (insert name of receiving agency) recognize that there are penalties for unauthorized disclosures of this eligibility information.

II. AUTHORITY

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid Program and the State children's health insurance program. Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure.

The *requesting* agency certifies that it is currently authorized to administer the following program(s) and that information requested will only be used by the program(s) indicated:

| Check all that apply | Program | Information authorized |
|----------------------|---|--|
| | <i>Medicaid</i> or the <i>State children's health insurance program (CHIP)</i> , administered by a State or local agency authorized under titles XIX or XXI of the Social Security Act. Specify Program: | All eligibility information, unless parents elect not to have information disclosed. |
| | <i>State health program</i> other than Medicaid/CHIP, administered by a State agency or local education agency. Specify Program: | Eligibility status only; consent not required. |
| | <i>Federal health program</i> other than Medicaid/CHIP Specify Program: | NO eligibility information, unless parental consent is obtained. |
| | <i>Local health program</i> Specify Program: | NO eligibility information, unless parental consent is obtained. |
| | <i>Child Nutrition Program</i> under the National School Lunch Act or Child Nutrition Act Specify Program: | All eligibility information; consent not required. |
| | <i>Federal/State or local means tested nutrition program</i> with eligibility standards comparable to the National School Lunch Program Specify Program: | Eligibility status only; consent not required. |
| | <i>Federal education program</i> Specify Program: | Eligibility status only; consent not required. |
| | <i>State education program</i> administered by a State agency or local education agency Specify Program: | Eligibility status only; consent not required. |
| | <i>Local education program</i> Specify Program: | NO eligibility information, unless parental consent is obtained. |

Note: Section 9(b)(2)(C)(iv) specifies that certain programs may receive children's eligibility status **only**, without parental consent. Parental consent must be obtained to disclose any additional eligibility information. Section 9(b)(2)(C)(iv) specifies that for State Medicaid or CHIP, parents must be notified and given opportunity to elect not to have information disclosed. Social security numbers may only be disclosed if households are given notice of the disclosure and the uses to be made of their social security numbers as required by Sec. 7 of the Privacy Act.

III. RESPONSIBILITIES

(Insert Name of Determining Agency) will:

When required, secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act, unless prior consent is secured by the receiving agency and made available to the determining agency;

For State Medicaid and CHIP notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

(Insert Name of Receiving Agency) will:

Ensure that only persons who are directly connected with the administration or enforcement of the (insert name of the Program) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:

(Specify by name(s) or title(s)) _____

Use children's free and reduced price eligibility information for the following specific purpose(s):

(Describe) _____

Inform all persons that have access to children's free and reduced price meal eligibility information that the information is confidential, that children's eligibility information must only be used for purposes specified above, and the penalties for unauthorized disclosures.

Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows: (Specifically describe how the information will be protected from unauthorized uses and further disclosures.)

Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the determining agency or receiving agency)

Describe the procedures for transferring students' meal eligibility information from the determining agency to the requesting agency/program so as to limit the number of individuals who have access to the information.

(Describe)

IV. EFFECTIVE DATES

This agreement shall be effective from _____ to _____

V. PENALTIES

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC 1758(b)(2)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year or both.

VI. SIGNATURES

The parties acknowledge that children's free and reduced price meal and free milk eligibility information may be used only for the specific purposes stated above; that unauthorized use of free and reduced price meal and free milk information or further disclosure to other persons or programs is prohibited and a violation of Federal law which may result in civil and criminal penalties.

Requesting Agency/Program Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

Determining Agency Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

*Any attachments will become part of this agreement.

(WAIVER OF CONFIDENTIALITY)

Dear Parent,

Benefits for the _____ (list program) are based on eligibility for free and reduced meals under the National School Lunch Program. Since the list of students receiving free and reduced meals is kept confidential in this office, we need your permission if we are to release your child's name and benefit status to officials. This information will only be used to determine who receives benefits under this program. The administrators for this program have also agreed to protect the confidentiality of this information.

Please complete this waiver and return to the school lunch supervisor (list name, address) if you wish your child to receive these benefits.

Yes. School officials may give my name and address to the

Program.

No. I do not wish my name and address to be released.

Signature of Parent/Guardian

Disclosure of Children's Eligibility Information For Health Insurance Programs Q & A

Is disclosure of children's free and reduced price meal or free milk eligibility information for State Medicaid and CHIP required?

Schools and institutions (determining agencies) may disclose free and reduced price meal or free milk eligibility information to identify and enroll eligible children in State Medicaid or CHIP, provided the determining agency's State agency and determining agency elect to do so. Determining agencies are not required to disclose eligibility information. However, we encourage cooperation with State and local administrators of State Medicaid and CHIP because studies show that many children eligible for free and reduced price meals and free milk do not have health insurance.

What information may be disclosed for use by State Medicaid and CHIP and what health agencies or health insurance programs are eligible to receive the information?

Determining agencies may disclose names, eligibility status (whether they are eligible to receive free meals or free milk or reduced price meals), and any other eligibility information obtained through the free and reduced price meal and free milk eligibility process (including all information on the application or obtained through direct certification or verification) to persons directly connected with the administration of State Medicaid and/or CHIP.

Who are "persons directly connected" with the administration of State Medicaid and CHIP?

Persons directly connected with the administration of State Medicaid and CHIP for purposes of disclosure of free and reduced price meal and free milk eligibility information are State employees and persons authorized under Federal and State Medicaid and CHIP requirements to carry out initial processing of applications or to make eligibility determinations. Check with your State Medicaid/CHIP coordinator to determine the persons or entities in your State authorized to enroll children in Medicaid and CHIP.

Are there restrictions on how children's free and reduced price eligibility information may be used by State Medicaid and CHIP?

State Medicaid and CHIP agencies and health insurance program operators receiving children's free and reduced price meal or free milk eligibility information may only use that information to enroll children in State Medicaid or CHIP. The State Medicaid or CHIP enrollment process may include seeking to identify and identifying children from low income households, who are potentially eligible for State Medicaid or CHIP for the purpose of enrolling them in State Medicaid or CHIP.

Must households be notified that their free and reduced price meal or free milk eligibility information may be disclosed?

For any disclosures to State Medicaid and/or CHIP, parents/guardians must be notified of the potential disclosure and given the opportunity to elect not to have their children's information disclosed. The notification must inform the parents/guardians that they are not

required to consent to the disclosure, that the information will be used to enroll children in a health insurance program, and that their decision will not affect their children's eligibility for free and reduced price meals or free milk. The notification may be included in the letter/notice to parents/guardians that accompanies the free and reduced price meal or free milk application, on the application itself or in a separate notice provided to parents/guardians. The notice must be given prior to the disclosure and parents/guardians should be given a reasonable time limit to respond. For children who are determined eligible through direct certification, the notice of potential disclosure may be in the document informing parents/guardians of their children's eligibility for free meals through direct certification.

Should we have an agreement with State Medicaid and/or CHIP?

The determining agency must have a written agreement with the State or local agency or agencies administering State Medicaid and/or CHIP prior to disclosing children's free and reduced price meal or free milk eligibility information. At a minimum, the agreement must identify the health insurance program or health agency receiving children's eligibility information; describe the information that will be disclosed and specify that the information must only be used to seek to enroll children in State Medicaid or CHIP; describe how the information will be protected from unauthorized uses and disclosures; describe the penalties for unauthorized disclosure; and be signed by both the determining agency and the State Medicaid/CHIP program or agency receiving the children's eligibility information.

What are the requirements for disclosure of social security numbers?

When disclosing or using the social security number provided by the household on the application for any purpose other than the program for which the number was collected, the determining agency must modify the notice required by the Privacy Act of 1974 concerning the potential uses of the social security number. The notice must inform households of the additional intended uses of the number.

Are there any penalties for improper disclosure?

The NSLA establishes a fine of not more than \$1000 or imprisonment of not more than 1 year, or both, for publishing, divulging, disclosing, or making known in any manner or extent not authorized by Federal law, any eligibility information. This includes the disclosure of eligibility information by one entity authorized under the statute to receive the information to any other entity, even if that entity would otherwise be authorized to receive the information directly from the determining agency.

These guidelines are effective Oct. 1, 2000, and are subject to change pending issuance of a final rule addressing the disclosure provisions for State Medicaid and CHIP.

Are students receiving WIC eligible for CNP meals?

Yes – they would be eligible to participate in both WIC and NSLP.

Team Lewiston
P O Drawer B
1118 F St
Lewiston Id 83501



IDAHO DEPARTMENT OF
HEALTH & WELFARE

We provide interpreter services at no cost. If you need help reading this letter, please call us at 1-866-262-8640. After your call is answered, please wait on the line while you are connected with a translator.

Nosotros proveemos los servicios de un intérprete, sin costo alguno. Si necesita ayuda leyendo esta carta por favor llámenos al 1-866-262-8640. Cuando contesten su llamada, favor de esperar un momento en la línea mientras le conectan con un traductor.

Tracy M Lewis
218 Glassway
Lewiston ID 83501

July 5, 2007
Case Number 92176

NOTIFICATION OF FREE AND REDUCED MEAL ELIGIBILITY

Dear Tracy Lewis,

Children receiving Temporary Assistance for Families in Idaho (TAFI) or Food Stamp benefits are eligible to receive meals at no cost if offered at their school.

If you want your children to receive free meal benefits you must complete and sign this form, and return it to your child's school.

The following children in your household are currently eligible for TAFI and/or Food Stamp benefits:

| Name | Date of Birth | Name of School | Grade |
|---------------|---------------|----------------|-------|
| Lewis, Nathen | 06/30/1988 | _____ | _____ |
| Lewis, Justin | 12/18/1989 | _____ | _____ |

Street address _____ County _____

Signature _____ Daytime phone number _____

Child(ren)'s racial and ethnic identities (optional)

Mark one or more racial identities:

Asian American Indian or Alaska Native
 White Native Hawaiian or Other Pacific Islander
 Black or African American Other

Mark one ethnic identity:

Hispanic or Latino Not Hispanic or Latino

If your children attend more than one school, you only need to bring or send the notice to one school. If you have any questions, please contact your school.

By sending this notice to your child's school you are applying for the USDA

free or reduced meal program.

You may qualify for other assistance programs. Contact the Idaho CareLine at 1-800-926-2588 for more information.

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 1-800-795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

CHILD NUTRITION PROGRAM SPONSOR USE ONLY

Date Received:_____ Approval Date:_____ Date Notice Sent:_____

Date Transferred:_____ Date Deleted:_____

Determining Official Signature:_____